

Case Number:	CM15-0048808		
Date Assigned:	03/20/2015	Date of Injury:	12/23/1998
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 46 year old female who sustained a work related injury December 23, 1998. According to a primary treating physician's progress report, dated February 4, 2015, the injured worker presented for follow-up with complaints of continued significant neck and low back pain. Her neck pain is described as a constant throbbing sensation with intermittent radiation into her arms and into her first and second digits. There is excruciating lumbosacral pain with radiation into her legs and buttocks. Impression is documented as removal of thoracic stimulator, 7/12/2013; s/p ACDF (anterior cervical decompression fusion) with instrumentation and iliac crest bone graft October, 2012; s/p thoracic spinal cord stimulator placement, 2010; bilateral carpal tunnel syndrome, right worse than left; adjacent segment disease and mild to moderate spinal stenosis, L4-5; s/p decompression and posterior spinal fusion L5-S1 August, 2006; s/p removal of hardware, lower back, 2008. Treatment plan included requests for aquatic and physical therapy, pain medications, and follow-up in three months for re-evaluation. There are no current treating physician's medical records, related to the request of psychological clearance and pump trial with fluoroscopy March, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Pump trial with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Implantable drug-delivery systems.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Indications for Implantable drug-delivery systems Page(s): 53.

Decision rationale: This patient has a date of injury of 12/23/99 and presents with chronic neck and low back pain. The patient is status post ACDF C6-7 2012, thoracic spinal cord stimulator 2010, lumbar fusion 2006 and hardware removal of the lower back in 2008. The current request is for Pump Trial With Fluoroscopy. The patient current medication regimen includes Oxycodone, Hydrochloride, Topamax, Exalgo, Nexium and Robaxin. The MTUS page 53, Indications for Implantable drug-delivery systems under the pain section, has the following: Indications for implantable drug delivery system when it is used for the treatment of non-malignant pain with a duration of greater than six months and all of the following criteria are met: 1. Documentation, in the medical record, of the failure of 6 months of other conservative treatment modalities (pharmacologic, surgical, psychologic or physical), if appropriate and not contraindicated; and 2. Intractable pain secondary to a disease state with objective documentation of pathology in the medical record; and 3. Further surgical intervention or other treatment is not indicated or likely to be effective; and 4. Psychological evaluation has been obtained and evaluation states that the pain is not primarily psychologic in origin and that benefit would occur with implantation despite any psychiatric comorbidity; and 5. No contraindications to implantation exist such as sepsis or coagulopathy; and 6. A temporary trial of spinal (epidural or intrathecal) opiates has been successful prior to permanent implantation as defined by at least a 50% to 70% reduction in pain and documentation in the medical record of functional improvement and associated reduction in oral pain medication use. A temporary trial of intrathecal (intraspinial) pumps are considered medically necessary only when criteria 1-5 are met. In this case, review of progress reports dated 06/18/14 through 02/04/15 provides no discussion of a psychological clearance as required by ODG for an intra-thecal pump trial. The requested pump Is Not medically necessary.